

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Hyman for Congress

ADDRESS (number and street)

PO Box 2314

Check if different
than previously
reported. (ACC)

Hartsville

SC

29551

2. FEC IDENTIFICATION NUMBER ▼

C

C00605667

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

SC

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

05

D D /

26

Y Y Y Y /

2016

through

M M /

06

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mal Hyman

Signature of Treasurer

Mal Hyman

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Hyman for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	6510.00	11071.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	180.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6510.00	10891.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8018.63	19277.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8018.63	19277.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9298.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	17631.58	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 12

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Hyman for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

5820.00

9781.00

(ii) Unitemized.....

690.00

1090.00

(iii) TOTAL of contributions from individuals ▶

6510.00

10871.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

200.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

6510.00

11071.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

22081.58

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

22081.58

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

6510.00

33152.58

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8018.63	19277.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	4450.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	4450.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	180.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	180.00
21. OTHER DISBURSEMENTS	14.00	347.30
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8032.63	24254.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10820.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6510.00
25. SUBTOTAL (add Line 23 and Line 24).....	17330.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8032.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9298.28

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hyman for Congress

Full Name (Last, First, Middle Initial)

Charles Munson**A.**

Mailing Address 108 Greenbriar Ave

City

Pawleys Island

State

SC

Zip Code

29585-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : VSGV0CBF012

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Franklin Hines**B.**

Mailing Address PO Box 643

City

Hartsville

State

SC

Zip Code

29551-0643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hines Funeral Home

Occupation

Owner

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : VSGV0CD5G43

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Florence Hyman**C.**

Mailing Address 8705 Superb Cir

City

Elk Grove

State

CA

Zip Code

95624-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : VSGV0CD5F74

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Hyman for Congress

A. Full Name (Last, First, Middle Initial)
Susan Siegal

Mailing Address 1325 Old Two Notch Rd

City Elgin State SC Zip Code 29045-9333

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Retired

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 600.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 28 / 2016

Transaction ID : VSGV0CD5F35

Amount of Each Receipt this Period

600.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Jana Shoher

Mailing Address PO Box 2622

City Elk Grove State CA Zip Code 95759-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer CSU Sacramento Occupation tech/educator

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 540.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 18 / 2016

Transaction ID : VSGV0C526V5

Amount of Each Receipt this Period

20.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Candy Fletcher

Mailing Address PO Box 26713

City Greenville State SC Zip Code 29616-1713

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Political consultant

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 28 / 2016

Transaction ID : VSGV0CBDQF6

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

870.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Hyman for Congress

Full Name (Last, First, Middle Initial)

John Spratt

A.

Mailing Address PO Box 626

City

State

Zip Code

York

SC

29745-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

Retired

Receipt For: 2016

☐ Primary☒ General☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : VSGV0CD5G27

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

5820.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Hyman for Congress

Full Name (Last, First, Middle Initial)

A. Ernest Boston

Mailing Address 121 Allen St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

City	State	Zip Code
Darlington	SC	29532-5201

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : VSFVR9PFHE0

Full Name (Last, First, Middle Initial)

B. Ernest Boston

Mailing Address 121 Allen St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

City	State	Zip Code
Darlington	SC	29532-5201

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : VSFVR9PFHD2

Full Name (Last, First, Middle Initial)

c. Trav Robertson

Mailing Address PO Box 2314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2016

City	State	Zip Code
Hartsville	SC	29551-2314

Purpose of Disbursement
Printing

006

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

570.00

☐ Memo ItemTransaction ID : VSFVR9PFH83
Palm Cards**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3070.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Hyman for Congress

Full Name (Last, First, Middle Initial)

A. Ernest Boston

Mailing Address 121 Allen St

City	State	Zip Code
Darlington	SC	29532-5201

Purpose of Disbursement
Consulting Fee

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : VSFVR9NWNT3

B. Ernest Boston

Mailing Address 121 Allen St

City	State	Zip Code
Darlington	SC	29532-5201

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : VSFVR9PFHC4

c. Melanie Jackson

Mailing Address 306 Pecan Dr

City	State	Zip Code
Hartsville	SC	29550-4924

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : VSFVR9PFH75

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Hyman for Congress

Full Name (Last, First, Middle Initial)

A. DPK Printing

Mailing Address 808 Lady St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2016

City	State	Zip Code
Columbia	SC	29201-3104

Amount of Each Disbursement this Period

1188.00

Purpose of Disbursement
Printing for Palm Cards

006

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Transaction ID : VSFVR9PFHS5

State: District:

Full Name (Last, First, Middle Initial)

B. Melanie Jackson

Mailing Address 306 Pecan Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2016

City	State	Zip Code
Hartsville	SC	29550-4924

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Salary

001

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Transaction ID : VSFVR9PFH67

State: District:

Full Name (Last, First, Middle Initial)

C. South Carolina Democratic PartyMailing Address 915 Lady St
Ste 111

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

City	State	Zip Code
Columbia	SC	29201-3187

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Training

001

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Transaction ID : VSFVR9PFHQ9
Candidate Training

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1788.00

7858.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VSGV0BJP5F5L

Hyman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Mal Hyman

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
309 Deerwood Dr

City	State	ZIP Code
Hartsville	SC	29550-4821

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="22000.00"/>	<input type="text" value="4450.00"/>	<input type="text" value="17550.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: **SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VSGV0BJP5E7L

Hyman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Mal Hyman

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
309 Deerwood Dr

City	State	ZIP Code
Hartsville	SC	29550-4821

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="81.58"/>	<input type="text" value="0.00"/>	<input type="text" value="81.58"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.